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TO: U. S. Patent and Trademark Office
Attn: Examiner, Jafar F. Parsa
Art Unit: 1621

FAX No.: (571) 273-8300

DATE: December 11, 2006

FROM: David W. Westphal

ConocoPhillips Company
P. O. Box 1267
Ponca City, OK 74602-1267

TELEPHONE: (580) 767-4958
FAX: (281) 767-2326

CLIENT NO.: 1856-40000 (9951.0-02)

TOTAL NUMBER OF PAGES (INCLUDING THIS ONE): 21

COMMENTS: Re: U.S. Patent Application No. 10/804,521
Filing Date: March 19, 2004
Applicant(s): Sergio R. Mohedas et al

The following documents are attached for filing:

- Transmittal Form (PTO/SB/21) – 1 page
- Response to Official Action issued August 10, 2006 – 15 pages
- Fee Transmittal for FY 2006 – 2 pages
- Petition for Extension of Time Under 37 CFR 1.136(a) – 2 pages

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PTO/SB/21 (09-04)

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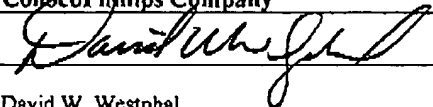
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/804,521	
	Filing Date	March 19, 2004	
	First Named Inventor	Sergio R. Mohedas	
	Art Unit	1621	
	Examiner Name	Jafar F. Parsa	
Total Number of Pages in This Submission	2	Attorney Docket Number	1856-40000 (9951.0-02)

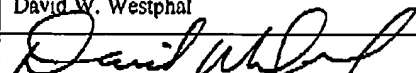
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<input checked="" type="checkbox"/> Fcc Transmittal Form (2 pgs) <input type="checkbox"/> Fcc Attached <input checked="" type="checkbox"/> Amendment/Reply (15 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (2 pgs) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Certificate of Facsimile (1 p.)</i>
Remarks		

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Firm	ConocoPhillips Company	
Signature		
Printed name	David W. Westphal	
Date	December 11, 2006	Reg. No. 32,673

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-8300 on the date shown below.			
Typed or Printed Name	David W. Westphal		
Signature		Date	December 11, 2006

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FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(S) 120.00	Attorney Docket No.		1856-40000 (9951.0-02)
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Complete if Known

Application Number	10/804,521
Filing Date	March 19, 2004
First Named Inventor	Sergio R. Mohedas
Examiner Name	Jafar F. Parsa
Art Unit	1621

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- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	X	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	X	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **EXTENSION FEE FOR RESPONSE WITHIN FIRST MONTH**

Fees Paid (\$)

\$120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,673	Telephone	580-767-4958
Name (Print/Type)	David W. Westphal	Date	December 11, 2006		

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PTO/SB/17 (07-06)

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Effective on 12/08/04. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4918). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/804,521 Filing Date March 19, 2004 First Named Inventor Sergio R. Mohedas Examiner Name Jafar F. Parsa Art Unit 1621 Attorney Docket No. 1856-40000 (9951.0-02)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER DEC 11 2006	
TOTAL AMOUNT OF PAYMENT (\$ 120.00)			

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 16-1575 Deposit Account Name: ConocoPhillips Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
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Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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- 20 or HP =	X	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	X	=	

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